

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	/	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	6	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	7						TOTAL CLAIMS								